

## PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Reveo, Inc.  
85 Executive Blvd.  
Elmsford, New York 10523

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Carlos A. Otero

(Depositor's name)

(Signature)

January 21, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/055,481	01-23-2002	Tung, Carl	Vrex-0010	7475
TITLE OF INVENTION: METHOD AND APPARATUS OF FLICKER REDUCTION FOR LCD SHUTTER GLASSES				

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
13	Utility	Yes	365.00	300.00	665.00	01-21-2004
EXAMINER		ART UNIT	CLASS-SUBCLASS			
Chung, David, Y		2871	349/096			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Gerow D. Brill  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Vrex, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Elmsford, Ny

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501648 (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

Bosco B. Kim

(Date)

January 21, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231

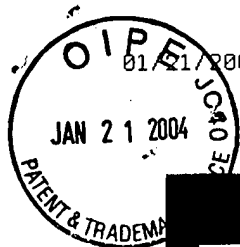
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01/22/2004 AWONDAF2 00000045 10055481

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TRANSMIT THIS FORM WITH FEE(S)

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**Reveo, Inc.**

Phone 914.345.9555 Fax 914.345.9558  
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TO: USPTO

FROM: Bosco Kim

Reveo, Inc.

FAX #: 703-746-4000

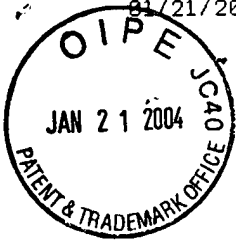
FAX #: 914-345-9558

DATE: January 21, 2004

# OF PAGES: 4 (including this cover)

RE: Issue Fee Payment for U.S. Patent Application Serial No: 10/055,481

MESSAGE:



VREX-0010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Tung, Carl )  
SERIAL NO.: 10/055,481 )  
FILING DATE: 01-23-2002 )

FOR: METHOD AND APPARATUS OF )  
FLICKER REDUCTION FOR LC )  
SHUTTER GLASSES )  
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Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

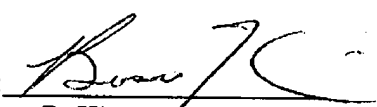
ISSUE FEE TRANSMITTAL

Sir:

Enclosed herewith is the payment of the Issue fee for the above listed patent application.

The Commissioner is authorized to charge the Issue fee in the amount of \$665.00 for the above referenced U.S. Patent Application  
Deposit Account No. 501648.

Respectfully submitted,

By:   
Bosco B. Kim  
Registration No. 41, 896

Date: January 21, 2004  
REVEO, INC.  
85 Executive Boulevard  
Elmsford, New York 10523  
Telephone (914) 798-7270  
Facsimile: (914) 345-9558

I hereby certify that this correspondence is being facsimile transmitted under 37 CFR 1.6(d) to: Facsimile number 703-746-4000 on

January 21, 2004

(Date of Deposit)

Bosco B. Kim

(Name of Person Mailing Paper)

